

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| CLAIMS ONLY | | | | | | | SERIAL NO. | | FILING DATE | |
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| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
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| TOTAL CLAIMS | | | | | | | | | | |